

Countermeasure and Response Administration



CRA Ad Hoc Meeting at NIC

44th National Immunization Conference

Hyatt Regency Hotel, Atlanta, GA

April 20th, 2010

12:00 PM – 2:00PM

Participants:

- Barb Nichols (facilitator)
- Howard Hill (facilitator)
- Warren Williams (facilitator)
- CRA Information Center (CIC) Team
- CRA Development Team
- 23 attendees representing 18 Project Areas

Agenda Topics:

- Welcome and Introduction
- Discussion
 - Project Area Summary Reports
 - Lessons Learned / Best Practices
 - CRA System Feedback / Technical Requirements
 - Engagement Level
 - Supplemental Funding
 - New CRA Features and Demonstration
- Questions and Other Feedback

Meeting Highlights:

Project Area Summary Reports

- CDC's CRA reports helped to further validate POC/staff efforts on doses administered response and progress to Project Area leadership

Lessons Learned / Best Practices

- H1N1 doses administered tracking was much easier because of previous exercises (DAX and Pilot)
- Several Project Areas found the short turnaround time for CRA reporting following data entry challenging, due to staffing shortages and new provider partnerships
- Would have been beneficial to report age groups AND priority groups through CRA; later on, some Project Areas were unable to track priority groups and began mandating reporting of age groups and priority groups when collecting aggregate information

IIS Use / Provider Reporting

- Provider Agreement: Good federal motivation for providers to report (reporting through CRA a big motivator); adding a line requiring use of registry helpful, many providers continued to report after doses administered requirement ended
- Project Areas used state mandates to report in order to receive more vaccine
 - Changing reporting requirements presented a challenge for some Project Areas; with entry into the system they could not change reporting requirements and so did not require all private providers to report patient level data

For detailed information about this meeting or other CRA activities, please email Crahelp@cdc.gov.



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- Project Areas that implemented reporting of all H1N1 activities through the IIS from start to finish found this helped to streamline the process
 - Good PR for IIS community, especially for practitioners not daily engaged in immunizations
 - Multiple provider reporting methods (e.g. IIS or paper) provided flexibility but were a challenge at the Project Area level because there were now 2 systems to look at
 - Interoperability within state systems provided advantages in providing pre-loaded data for quick entry

Immunization and Emergency Preparedness Partnerships

- Ownership, communication and collaboration needed among immunization and preparedness offices; partnerships necessary to avoid delays in implementation, back-tracking and stress
- Communication is needed at all levels – to ensure the best solution is in place, need engagement and buy-in from programs doing day-to-day activities and an accountability system

Communications

- CRA communication/engagement: Difficult for Project Areas to participate in every conference call and webinar due to small staffing levels with multiple priorities
- Messaging via emails as primary communication method; many regular and weekly calls with health departments, hospitals, providers

CRA System Feedback / Technical Requirements

- Option 1: Application was straight forward; emails confirming receipt of the file helpful
 - Time consuming for providers that did not report except in aggregate, whose counts had to be added with IIS report into CRA
- Report generation: Some did not use due to time constraints; others generated their own reports because they used Option 1, or their providers did not use CRA

Engagement Level

- *How to maintain a level of engagement with without being a burden? No exercise is planned for this year, but what would help Project Areas maintain CRA skills and ensure increased success in the event of a future pandemic?*

All attendees agreed to have a small exercise; CRA team will plan and touch base with Project Areas on dates

- 2-week exercise to keep Project Areas up to speed and engaged; no intention to be a burden
- Criterion interest: timeliness of reporting as coverage information is important in the initial weeks
- Suggested to start later into the season and will survey Project Areas about dates

Supplemental Funding

- *Intentions are to continue the program for supplemental funding, Phase I and II. States eligible for funding include those who have not received Phase I funding previously*
- *Currently there is no final budget mark; there will likely be some funding and we hope to know more in roughly one month. As soon as the FOA is released, Howard Hill will send an announcement with application guidance. (*Update 4/28/1): Funding will be available, and the new announcement is expected to come out very soon)*
- Alaska – used funding to switch from Option 3 to Option 1
 - Purchased module to directly use Option 1 via IIS
 - Lessened burden of reporting for H1N1; much simpler than previous CRA exercises
 - Use of IIS opened opportunities for further collaboration with other partners
 - Worked with preparedness program; used other PHER funds to support and enhance IIS

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